

**RI FY 2011
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2011

Submitted by: Rhode Island

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Executive Summary

This is Rhode Island's Executive Summary for the application for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2011. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The Rhode Island Department of Health (HEALTH) is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Rhode Island.

Funding Assumptions

The FFY 2011 application is based on the assumption that Block Grant funding will be at least equal to the FFY 2010 grant award. Any changes in funding are consistent with, and in full compliance with applicable state and federal law. Implementation of Rhode Island's FFY 2011 prevention programs that are funded by the PHHSBG will be contingent upon receipt of level funding for FFY 2010. Rhode Island's final 2010 PHHSBG award was \$475,182. In June 2010, CDC did rescind \$5,000 based on what CDC received as a final award. The deduction was made from the technology support effort.

Proposed Allocation for FY 2011

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of death or disability that result from the health problem. FY 2011 funding priorities are as follows:

Program	Health Objective	Funds	Category
Community Interventions	7-11;23-17	\$332,369	Continuation
Rape Prevention Program	15-35	\$25,671	Statue
Health Improvement	23-12	\$117,142	Continuation

There expenditures of funds in the proposed FFY2011 budget, address the new CDC goals and funding local initiatives to address public health needs, especially for our most vulnerable populations.

- Goal 1: Achieve health equity and eliminate health disparities by impacting social determinants of health;
- Goal 2: Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors;
- Goal 3: Support local health programs, systems, and policies to achieve healthy communities; and
- Goal 4: Provide opportunities to address emerging health issues and gaps.

Note: There is an increase in local interventions that will address gaps in services.

Funding Rationale: Under or unfunded, Data Trend

Funding Rationale: Under or Unfunded, Data Trend, Other (RI 2007 Minority Health Fact Sheets)

Statutory Information

Advisory Committee Member Representation:

Advocacy group, Business, corporation or industry, College and/or university, Community-based organization, Community resident, Environmental organization, Faith-based organization, Hospital or health system, Managed care organization, Minority-related organization, State health department

Dates:

Public Hearing Date(s):

9/23/2010

Advisory Committee Date(s):

6/17/2010

9/16/2010

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for RI 2011 V0 R1	
Total Award (1+6)	\$363,327
A. Current Year Annual Basic	
1. Annual Basic Amount	\$337,656
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$337,656
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$25,671
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$25,671
(9.) Total Current Year Available Amount (5+8)	\$363,327
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$363,327

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$337,656
Sex Offense Set Aside	\$25,671
Available Current Year PHHSBG Dollars	\$363,327
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$363,327

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Community Assessment and Community-Based Public Health Planning	23-17 Population-based prevention research	\$108,306	\$0	\$108,306
Sub-Total		\$108,306	\$0	\$108,306
Community Health Promotion Programs	7-11 Culturally appropriate community health promotion programs	\$120,553	\$0	\$120,553
Sub-Total		\$120,553	\$0	\$120,553
Health Improvement Planning	23-12 Health improvement plans	\$108,797	\$0	\$108,797
Sub-Total		\$108,797	\$0	\$108,797
Rape Prevention Program	15-35 Rape or attempted rape	\$25,671	\$0	\$25,671
Sub-Total		\$25,671	\$0	\$25,671
Grand Total		\$363,327	\$0	\$363,327

State Program Title: Community Assessment and Community-Based Public Health Planning

State Program Strategy:

Goal: The purpose of this project is to maintain the infrastructure for local community health assessment and planning to continue data collection and analysis in support of the Community Planning Program of the RI Department of Health.

Health Priorities: Due to a lack of local health data during 2010-2011, this initiative will position the RI Public Health Institute (RIPHI) as a public health resource recognized by faculty, researchers, student, decision-makers, and community-based organizations to develop products and opportunities for promoting participation in community-based research, assessment and planning. Community-based organizations will be able to use environmental and health assessment data for the purposes of program planning, strategic planning, grant applications and to inform policies and define actions that promote health and eliminate health disparities.

Primary Strategic Partners: External - Brown University Program in Public Health, Rhode Island Public Health Institute (RIPHI), African Alliance of RI, Progreso Latino Inc., St. Joseph Health Services of RI, Urban League of RI, YWCA of Northern RI, Internal - Center for Health Data and Analysis, Division of Community, Family Health & Equity, including the following Teams that comprise the division: Health Disparities & Access to Care, Healthy Homes & Environment, Chronic Care & Disease Management, Health Promotion & Wellness, Perinatal & Early Childhood Health, and Preventive Services & Community Practices.

Evaluation Methodology:

The evaluation methodology involves several components. First, the RIPHI will complete 200 Active Neighborhood Checklist (environmental scans) and 500 Neighborhood Health Checks (door to door interviews) in collaboration with the following five community organizations: African Alliance of RI, Progreso Latino Inc., St. Joseph Health Services of RI, Urban League of RI, and the YWCA of Northern RI. Second, these databases will become available for individual and group analysis by partner organizations and the Department of Health through the RIPHI website. Third, the RIPHI will provide summaries of the data analysis, including the involvement of students and community workers in the process. Finally, the RIPHI, in collaboration with these participating community-based organizations will provide information on reports, analyses and grant applications using the community assessment data.

State Program Setting:

Community based organization, Home, State health department, Other: Neighborhoods

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Executive Director

State-Level: 1% Local: 0% Other: 0% Total: 1%

Position Title: Project Manager

State-Level: 0% Local: 10% Other: 0% Total: 10%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.11

National Health Objective: HO 23-17 Population-based prevention research

State Health Objective(s):

Between 10/2010 and 09/2011, Increase the number of community-based organizations to five (5) using the RIPHI developed environmental and health assessment methodologies to gather local data for program and strategic planning and grant applications.

Baseline:

The RIPHI will work in collaboration with the five community-based agencies to implement the environmental and health assessment instrument in their respective neighborhoods.

Data Source:

RIPHI, African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, and the YWCA of Northern RI monthly status reports, October 2010 - September 2011.

State Health Problem:

Health Burden:

The top five causes of death in the overall state population are heart disease, cancer, stroke, chronic respiratory diseases and pneumonia/influenza. For the racial and ethnic minority populations, diabetes, unintentional injuries and homicide are ranked among the top five causes of death in addition to cancer, heart disease and stroke.

Chronic disease has become the leading cause of disease and death in RI as in the rest of the nation. The most prevalent cause relates to cardiovascular disease - especially heart disease and stroke, which accounts for more deaths than the next four causes taken together. Each day about 2500 Americans die of cardiovascular diseases. In RI, current data indicates that over 69,000 residents have been told by a doctor that they have heart disease, more than 18,000 have been told that have had a stroke.

Data from the RI BRFSS, 2005-2006 indicate that these conditions also are over represented in the racial and ethnic minority communities, such as the community of South Providence where the RIPHI developed and applied the first version of the community environmental and health assessment. The next phase of development and implementation address partner, community-based organizations in this and other low-income, and minority areas of the state. These additional neighborhoods include Constitution Hill in Woonsocket and the city of Central Falls, Rhode Island.

Cost Burden: Chronic diseases are costly. According to the American Health Association, and National Heart, Lung, and Blood Institute (2008) the direct and indirect costs of cardiovascular disease and stroke alone amounted to \$448.5 billion in the US. In Rhode Island, there were 794 hospital discharges due to stroke and 12,379 discharges due to heart attack in 2005-2006. According to local data, it is not unusual for such hospitalizations to cost more than \$65,000 for each event. Racial and ethnic minorities report having no health insurance compared to the overall state population and access to quality health care is of concern.

Target Population:

Number: 1,046,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Other

Disparate Population:

Number: 1

Infrastructure Groups: Community Based Organizations, Research and Educational Institutions, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Model Practices Database (National Association of County and City Health Officials)

Other: Behavior Risk Factor Surveillance System (BRFSS) 2009 survey

Community Activity Checklist - 2008 (Developed by the Prevention Research Center, St. Louis University, St. Louis, MO)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$108,306

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$73,858

Funds to Local Entities: \$73,858

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate**Objective 1:****3 ES4 Imp 2011**

Between 10/2010 and 09/2011, African Alliance of RI, Progreso Latino, St. Joseph Health Services of RI, Urban League of RI, and YWCA of Northern RI will develop **one** final report and plan of action based on the results of the health assessments (Active Neighborhood Checklist- environmental scans) and (Neighborhood Health Checks - door to door interviews).

Annual Activities:**1. 3 ES4 Act 2011**

Between 10/2010 and 09/2011,

1. Work with RIPHI and all funded partners to provide information about the community assessments to residents in the neighborhood through hosting community forums, key informant interviews and holding community meetings to engage and empower them in changing community conditions that will provide an opportunity for healthy living.
2. Develop a written report and community-driven plan of action to address assessment results for future planning efforts.
3. In partnership with the RIPHI identify common themes and critical issues identified in the community forums in order to prepare a summary document that will serve as a companion to the results gathered from the community needs assessments and health interviews completed. Post the summary document on the funded agencies websites and distribute it to community partners and residents as a tool to take action.

4. All funded agencies will develop a final report to HEALTH that provides details on how they focused their community to take action to address conditions for which populations experience a disproportionate health burden; and recommended policies or plans that address social policies, behavioral or environmental changes to achieve health equity in the communities they serve.
5. Develop a written report and community-driven plan of action based on the assessments conducted to date. The report will document the methods of outreach in order to identify racial and ethnic minority populations who are in need of health education, information, risk reduction activities and access to care. Include outreach efforts such as, use of print and radio media, door-to-door interviews, direct mailings, posting of materials and other methods for reaching groups of people to inform them of the programs and activities being offered.
6. Develop health information and distribute to clients served by the agency and to community residents.
7. Work with all funded agencies on this project to develop a client referral form regarding community services available such as, nutrition, physical activity, quit smoking and places to receive health screenings, as identified through the community assessments and other documents/partnerships.
8. Attend monthly meetings and submit monthly reports on the progress of the project.
9. Share strategies and resources with all funded agencies that will help community residents build healthy communities.
10. Conduct overall project management and community outreach activities, as appropriate.
11. Participate in a forum with all funded agencies and other partners to discuss how they are addressing environment and risk reduction factors associated with the community served by the funded agency, and the resources available to address the identified health problems.
12. Address and document cultural values, norms, traditions, beliefs and lifestyles of community members that affect their views on health, illness, and wellness.
13. HEALTH will publish and disseminate the final reports of the six funded agencies to community partners, Centers for Disease Control and Prevention, Prevention Block Grant Advisory Committee, and others, as appropriate.

2. 5 ES4 Act 2011

Between 10/2010 and 09/2011, The funded agencies will work with Policy Studies Inc., (marketing and public relations firm) to develop a final report about the assessment results.

The funded agencies will produce and distribute the final report to the general public, decision makers, funders and others.

3. 4 ES4 Act 2011

Between 10/2010 and 09/2011,

1. Work with RIPHI and all funded partners to provide information about the community assessments to residents in the neighborhood through hosting community forums, key informant interviews and holding community meetings to engage and empower them in changing community conditions that will provide an opportunity for healthy living.
2. Develop a written report and plan of action to address assessment results for future planning efforts.
3. In partnership with the RIPHI identify common themes and critical issues identified in the community forums in order to prepare a summary document that will serve as a companion to the results gathered from the community needs assessments and health interviews completed. Post the summary document on the funded agencies websites and distribute it to community partners and residents as a tool to take action.
4. All funded agencies will develop a final report to HEALTH that provides details on how they focused their community to take action to address conditions for which populations experience a disproportionate health burden; and recommended policies or plans that address social policies, behavioral or environmental changes in the communities they serve.

5. Develop a written report and plan of action based on the assessments conducted to date. The report will document the methods of outreach in order to identify racial and ethnic minority populations who are in need of health education, information, risk reduction activities and access to care. Include outreach efforts such as, use of print and radio media, door-to-door interviews, direct mailings, posting of materials and other methods for reaching groups of people to inform them of the programs and activities being offered.
6. Develop health information and distribute to clients served by the agency and to community residents.
7. Work with all funded agencies on this project to develop a client referral form regarding community services available such as, nutrition, physical activity, quit smoking and places to receive health screenings, as identified through the community assessments and other documents/partnerships.
8. Attend monthly meetings and submit monthly reports on the progress of the project.
9. Share strategies and resources with all funded agencies that will help community residents build healthy communities.
10. Conduct overall project management and community outreach activities, as appropriate.
11. Participate in a forum with all funded agencies and other partners to discuss how they are addressing environment and risk reduction factors associated with the community served by the funded agency, and the resources available to address the identified health problems.
12. Address and document cultural values, norms, traditions, beliefs and lifestyles of community members that affect their views on health, illness, and wellness.
13. HEALTH will publish and disseminate the final reports of the six funded agencies to community partners, Centers for Disease Control and Prevention, Prevention Block Grant Advisory Committee, and others, as appropriate.

Essential Service 4 – Mobilize Partnerships

Objective 1:

4 ES4 Imp 2011

Between 10/2010 and 09/2011, RI Public Health Institute will conduct **500** Neighborhood Health Checks (door to door interviews) in collaboration with the five funded community-based agencies.

Annual Activities:

1. 3 ES4 Act 2011

Between 10/2010 and 09/2011, RIPHI will complete up to 500 Neighborhood Health Checks (door to door interviews) in coordination with five community-based agencies in five communities.

RIPHI will continue their work with the five agencies to identify the geographic area (streets) to do the door to door interviews.

RIPHI will continue their work with the five agencies to identify community residents to work with the Brown University students and train them on how to conduct the door to door interviews using a systematic approach.

The six agencies will develop a final report about the results of the door to door interviews. The report will include strategies and action steps that will lead to improved community health policies and practices.

Objective 2:

2 ES4 Imp 2011

Between 10/2010 and 09/2011, RI Public Health Institute will conduct **100** environmental scans (Neighborhood Health Checklist) in partnership with the five funded community-based agencies.

Annual Activities:

1. 2 ES4 Act 2011

Between 10/2010 and 09/2011, RIPHI will work with five (5) community- based agencies to conduct 100 Neighborhood Health Checklist (environmental scans).

RIPHI will develop and maintain the essential information and infrastructure for operations, data collection, analysis and dissemination of the environmental scan results.

RIPHI in partnership with the five funded community-based agencies will establish new partnerships to promote statewide infrastructure for conducting community health assessments and public health planning.

Essential Service 5 – Develop policies and plans

Objective 1:

2 ES5 Imp 2011

Between 10/2010 and 09/2011, RI Public Health Institute will identify **three** college students to work with the five community-based agencies on how to do the community assessments (environmental scans) and (door to door interviews).

Annual Activities:

1. 2 ES5 Act 2010

Between 10/2010 and 09/2011, RIPHI will identify three college students to work with the five community-based agencies in doing the community assessment process. RIPHI, Department of Health, college students, and the five community-based agencies will work in partnership with the residents of the five respective neighborhoods, to use the results of the assessments to develop policies and plans that will promote health and address the social determinants of health.

State Program Title: Community Health Promotion Programs

State Program Strategy:

Goal: Through a request for proposal process HEALTH is funding the following five community-based agencies, African Alliance of RI, Progreso Latino, St. Joseph Health Services of RI, Urban League of RI and YWCA of Northern RI to work with the lead agency (RIPHI) to do community assessments in (South Side of Providence, Central Falls, and Woonsocket). In addition, these five agencies will work with community residents in their respective neighborhoods to develop a report and plan of action based on the findings to promote health, eliminate disparities and to revitalize their communities.

Health Priorities: Chronic diseases and environmental health issues greatly impact the racial and ethnic minority populations of Rhode Island (as defined by the Office of Management and Budget Directive 15). Data and socio-economic characteristics, morbidity and mortality, behavioral risks, and access to care among Rhode Island's racial and ethnic minority populations in comparison to White and the overall state population demonstrates health disparities in the minority populations living in Rhode Island, and the neighborhoods stated in the goal section.

State Program Setting:

Community based organization, Medical or clinical site, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Title: Contract Officer

State-Level: 7% Local: 0% Other: 0% Total: 7%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.07

National Health Objective: HO 7-11 Culturally appropriate community health promotion programs

State Health Objective(s):

Between 10/2010 and 09/2011, HEALTH is funding six community-based agencies they include: RI Public Health Institute, African Alliance of RI, Progreso Latino Inc., St. Joseph Health Services of RI, Urban League of RI, and the YWCA of Northern RI to collect local data in five core neighborhoods (sections of Providence [including the South Side of Providence], Central Falls, and Woonsocket) to identify promoters and barriers for achieving health, safety, and health equity.

Baseline:

Fund six agencies to address chronic diseases and environmental risk factors in the communities they serve.

Data Source:

Office of Management and Budget Directive 15

State Health Problem:

Health Burden:

Chronic diseases and environmental risk factors greatly impact the racial and ethnic minority populations of Rhode Island (as defined by the Office of Management and Budget Directive 15). Data on socio-economic characteristics, morbidity and mortality, behavioral risks, and access to care among Rhode Island's racial and ethnic minority populations in comparison to the White and the overall state population demonstrate health disparities in the minority populations living in Rhode Island.

Target Population:

Number: 200,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Urban

Primarily Low Income: Yes

Disparate Population:

Number: 150,000

Ethnicity: Hispanic, Non-Hispanic

Race: American Indian or Alaskan Native, Asian, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Census Bureau's 2005-2006 Current Population Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

Other: Tackling Health Inequities Through Public Health Practice: A Handbook for Action, The National Association of County & City Health Officials, Washington, DC, The Ingham County Health Department, Lansing, Michigan

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$120,553

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$105,000

Funds to Local Entities: \$105,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Impact Objective 1:ES4

Between 10/2010 and 09/2011, RI Public Health Institute (lead agency), African Alliance of RI, Progreso Latino Inc., St. Joseph Health Services of RI, Urban League of RI, and the YWCA of Northern RI, will conduct **100** Neighborhood Checklists (environmental scans) within their respective neighborhoods to identify environmental risk factors that impact health outcomes.

Annual Activities:

1. Act 2:ES4

Between 10/2010 and 09/2011, RIPHI will work with the five agencies to conduct environmental scans to collect local data that will assist in future public health policy and planning to promote healthy living.

RIPHI and the five agencies will develop a written plan based on the completed assessments.

RIPHI and the five agencies will conduct community feedback sessions about the results of the community assessments to get input from community leaders and residents.

All agencies will work together to develop a client resource guide for the clients they serve in their respective neighborhoods. The guide will include nutrition services, quit smoking programs and other information pertinent to the results of the community assessments that residents will find useful to improve their health status.

All agencies will attend monthly meetings convened by HEALTH to plan and implement the community assessments.

2. Act 1:ES4

Between 10/2010 and 09/2011, HEALTH will hold monthly meetings with the funded agencies to establish how the assessments will be conducted, to map the specific areas to be assessed and to establish a timeline to do this work.

HEALTH will work collaboratively with the six funded agencies to develop community feedback sessions with community leaders and residents about the environmental scan results.

The six funded agencies will prepare a written report about the community feedback sessions and incorporate cultural values, beliefs and practices that are identified during the community feedback sessions.

HEALTH will encourage agencies to share ideas, resources and strategies that will promote healthy living.

3. Act 3:ES4

Between 10/2010 and 09/2011, By September 30, 2011, HEALTH in partnership with the lead agency, RI Public Health Institute will compile and disseminate results from the six funded projects to all stakeholders.

1. By September 30, 2011, the six funded agencies will develop a report and plan of action based on the assessments conducted to date. The report will document the methods of outreach in order to identify racial and ethnic minority populations who are in need of health education, information, risk reduction activities and access to care. Outreach efforts will include use of print and radio media, door-to-door interviews, direct mailings, posting of materials on websites, through the Urban Health Watch blog, and other methods for reaching groups of people to inform them of the programs and activities being offered.
2. By September 30, 2011, the six funded agencies will develop a final report to HEALTH that provides details on how they focused their community education; describe community members enrolled in the programs, their health conditions and health behaviors; identify community resources related to conditions for which populations experience a disproportionate burden; and recommend policies or plans that address behavioral or environmental changes in the communities they serve.
3. By September 30, 2011, HEALTH in partnership with the lead agency, RI Public Health Institute will identify common themes and critical issues identified in the funded agencies' reports in order to prepare a summary document that will serve as a companion to the results gathered from the community needs assessments and health interviews completed. The summary document will be available on the HEALTH website and distributed to community partners. Both the summary document and the funded agencies' individual results will be shared with the Block Grant Advisory Committee.
4. By September 30, 2011, HEALTH will meet with the Block Grant Advisory Committee to share results of the community interventions, discuss overall impact the six funded agencies have made and discuss next steps.
5. By September 30, 2011, HEALTH will publish and disseminate the final reports of the six funded agencies to community partners, Centers for Disease Control and Prevention, Prevention Block Grant Advisory Committee, and others, as appropriate.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Impact Objective 1:ES5

Between 10/2010 and 09/2011, RI Public Health Institute, African Alliance of RI, Progreso Latino Inc., St. Joseph Health Services of RI, Urban League of RI, YWCA of Northern RI will conduct **500** Neighborhood Health Checks (door to door interviews), within their five respective neighborhoods, to identify promoters and barriers in the community that promote or prevent healthy living.

Annual Activities:

1. Activity Impact Objective 1:ES5

Between 10/2010 and 09/2011, 1. By October 1, 2010, establish contracts with the six funded agencies.

2. By September 30, 2011, the five funded agencies in partnership with the lead agency (RI Public Health Institute) will complete the door to door interviews to determine environmental risks, community assets, burden of chronic diseases, detailed information about promoters and barriers to lifestyle changes of clients and residents, behaviors associated with achievement and maintenance of targeted health goals, and resources needed for future success that improve the quality of life and eliminate health disparities in the communities.

State Program Title: Health Improvement Planning

State Program Strategy:

Goal: Develop and monitor a health improvement process that is used to inform policies and define actions that promote health and eliminate health disparities while working to achieve health equity. RI will also work to develop tools, resources, and strategies to promote evidence backed practices across public health programs and with community partners with targets for health equity attainment.

Health Priorities: Health Improvement Planning seeks to track and monitor disparity in risk factor and health status between minorities and non-minorities, as well as lower the overall risk for all Rhode Island residents. Minority populations comprise approximately 20% of the state population and include African Americans (5.4%), Native Americans (0.5%), Hispanic Americans (11.6%), and Asian Americans (2.9%).

Inequality in health status, disease incidence, disease prevalence, morbidity, or mortality rates between populations as impacted by access to services, quality of services, health behaviors, and environmental exposures.

Disparately affected populations may be described by: Race and Ethnicity, Age, Disability Status, Educational Status, Gender, Income, Insurance Status and Sexual Orientation.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Medical or clinical site, State health department, University or college, Other: High Risk Populations, Community Planners, Fire, Police, Safety Organizations, Policy Makers

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Title: Community Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO 23-12 Health improvement plans

State Health Objective(s):

Between 10/2010 and 09/2011, Between 10/2010 and 09/2011, develop and implement a health improvement plan based on the HP 2020 framework that is used to inform policies and define actions that eliminate health disparities and promote health equity.

Baseline:

During FY 2003, the RI Department of Health (HEALTH) completed the following components to the Healthy Rhode Island 2010 planning process: 1) Leading Health Indicators by Gender, Household Income, Education Level, Geographic Location, Age Group, and Disability Status; and 2) Evidenced-Based Strategies and Best

Practices for Leading Health Indicators. In FY 2002, HEALTH completed Leading Health Indicators By Race and Ethnicity. During FY 2004, the health improvement plan entitled, A Healthier Rhode Island by 2010: A Plan for Action was printed and disseminated. In 2006, HEALTH completed, printed, and disseminated two documents – A Healthier Rhode Island 2010 Mid-Course Review and Health Disparities and People With Disabilities Mid-Course Review. In 2007 & 2010, HEALTH updated, printed and disseminated the disparities elimination-tracking tool, the *2007,2010 Minority Health Fact Sheets*.

Data Source:

RI Office of Vital Records
RI Behavioral Risk Factor Surveillance System
RI Health Interview Survey
RI Maternal and Child Health Database
RI Kids Count Fact Book

State Health Problem:

Health Burden:

The attainment of the Year 2010 Health Objectives requires health-planning infrastructure in order to research objectives, establish objectives, disseminate objectives, promote objectives, and evaluate progress toward achieving objectives. The Health Objective process is essentially a health planning process, which requires ongoing resource investment.

Twenty percent of the population of Rhode Island is a racial or ethnic minority with the largest population being Hispanics/Latinos (11%). Moreover, Rhode Islanders speak a variety of languages other than English. According to the U.S. Census Bureau, 2006-2008 American Community Survey, 85% of Hispanic/Latinos speak a language other than English at home— a little more than half of that number speaks English “less than well.” Although the state percentage of non-Hispanic whites living below poverty is 9%, racial and ethnic minorities have higher percentages of their populations living below poverty. For example, thirty-nine percent of Native Americans living in Rhode Island are living below the poverty line. Racial and ethnic minorities graduate at lower rates than the non-Hispanic White population; Native Americans (69%), African Americans (86%) and Hispanics (82%) populations lag behind the white (89%) population. This trend indicates a serious gap in educational attainment between racial and ethnic minorities and the White population.

According to the 2010 Minority Health Facts in Rhode Island, racial and ethnic minorities of the state are more likely to report having no health insurance, no specific source of ongoing care and no routine check up within the last year. Moreover, higher percentages of racial and ethnic minorities report being unable to see a doctor due to cost.

These barriers to health care access and utilization are exacerbated by the social and environmental determinants of health. Consequently, RI-OMH will focus resources on improving the health status for racial and ethnic minorities. Rhode Island seeks to enhance state disparities elimination coordination, strengthen the healthcare systems and partners through training, and increase cultural and linguistic competency by addressing CLAS Standards mandates and utilization of certified interpreters.

Rhode Island intends to develop core indicators for measuring progress toward achieving health equity. Tools will be developed, and a mechanism for distributing results will be developed. Moving the state through a health equity agenda will help achieve health disparity elimination.

Target Population:

Number: 1,046,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

Disparate Population:

Number: 189,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Model Practices Database (National Association of County and City Health Officials)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Tackling Health Inequities Through Public Health Practice: A Handbook for Action (The National Association of County & City Health Officials)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$108,797

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$20,518

Funds to Local Entities: \$20,518

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status**Objective 1:****Impact Obj 1:ES1**

Between 10/2010 and 09/2011, Rhode Island Department of Health will review **27** RI health objectives by race and ethnicity and select population groups by age group, gender, income level, education level, and disability status, in preparation of the final 2010 report on health disparities.

Annual Activities:**1. Activity Impact Obj:ES1**

Between 10/2010 and 09/2011, By January 2011, finalize Healthy Rhode Island 2010 closeout report.

By February 28, 2011, distribute the 2010 final report.

Objective 2:**Impact Obj 2:ES1**

Between 10/2010 and 09/2011, RI Department of Health will develop **1** plan for supporting Healthy Rhode

Island 2020 in a manner that is responsive to the four goal areas of HP2020, and works to foster shared external commitment to achieving Healthy RI 2020 goals across sectors.

Annual Activities:

1. Impact Obj 2:Act1

Between 10/2010 and 09/2011, Between 10/2010 and 09/2011, RI Department of Health will develop a publication of proven effective programs from across the state to inform the community, and will provide an update on the status of each of the newly developed Rhode Island Health Objectives.

Essential Service 3 – Inform and Educate

Objective 1:

Impact Obj 2:ES 3

Between 10/2010 and 09/2011, Rhode Island Department of Health will develop **5** health promotion and resource materials and translate them into French, Laotian, Khmer and Chinese.

Annual Activities:

1. Activity Impact Obj 2: ES3

Between 10/2010 and 09/2011, By May 31, 2011, develop a guide to existing evidence based and promising health promotion and resource materials in RI related to the Rhode Island Healthy 2010 objectives that were identified and make them available for public distribution.

By September 30, 2011, Health Promotion Coordinator will oversee the translation, printing and posting on the department website of any materials developed that summarize the updated measures for newly selected Rhode Island health objectives.

By September 30, 2011, promote the use of these documents as an informational resource for community partners, minority-serving community based organizations, media, policy makers and individual members of the public.

Throughout September 30, 2011, continue to review materials that may need to be offered in other languages and translate as appropriate.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Impact Objective 2: ES4

Between 10/2010 and 09/2011, Rhode Island Department of Health will conduct **12** meetings to work with external partners across disciplines to move the state toward a shared health equity agenda utilizing the HP2020 framework as the base.

Annual Activities:

1. Activity Impact Obj 2:ES4

Between 10/2010 and 09/2011, By December 31, 2010 develop presentations and tools that can be shared with partners that speak to a common language and understanding of the environmental, social, and political determinants of health.

Between January 2011 and September 2011, collaborate, leverage and form partnerships with other State agencies and community partners to develop attainable targets and goals.

Objective 2:

Impact Obj 6

Between 10/2010 and 09/2011, Rhode Island Department of Health will provide technical assistance sessions on how to comply with the Federal CLAS mandates to 3 Health Care Agencies.

Annual Activities:

1. Impact Obj 6: Act1

Between 10/2010 and 09/2011, By January 2011, produce a CLAS toolkit for health delivery system through collaboration and cooperation with those organizations.

By September 2011, conduct a series of presentations utilizing guest speakers as needed, to educate external partners and internal HEALTH staff on how to comply with the Federal CLAS mandates.

Objective 3:

Impact Obj 6:ES2

Between 10/2010 and 09/2011, Rhode Island Department of Health will provide sessions on utilizing certified medical interpreters to 5 Health Care Delivery Agencies and Community Healthcare Workers.

Annual Activities:

1. Activity 6:ES2

Between 10/2010 and 09/2011, By June 2011, design and evaluate health literacy, cultural competence and language access training materials to be used by health care providers, insurers, health and human service organizations and consumers.

By September 2011, work with Office of Minority Health to launch enhancement initiative to ensure that the CLAS Standards remain current and appropriate with the guidance from the Department of Health and Human Services, Office of Minority.

State Program Title: Rape Prevention Program

State Program Strategy:

Goal: Reduce the incidence of rape and attempted rape among females 12 and older.

Health Priorities: Sexual assault is a pervasive public health problem in the United States, affecting women and men, adults and children. According to the report Rape in America (Crime Victims Research and Treatment Center, 1992), at least 12.1 million adult women have been victims of at least one forcible rape, excluding statutory rape, during their lifetimes. At least 20% of American women and 5-10% of American men have experienced some form of sexual abuse as children. Multiple studies have documented the many negative effects of victimization, including posttraumatic stress disorder, fears, phobias, interpersonal difficulties, sexual dysfunction, depression, insomnia, and increased risk for substance abuse and suicide.

Current data on the prevalence of sexual assault are incomplete. Sexual assaults often go unreported to the police, and victims may not access treatment for many years, if at all. Estimates of the incidence of sexual assaults must be compiled from a variety of sources. A 1994 survey of violence-related injuries treated in hospital emergency rooms (Report NCJ-156921, BJS, 1997) indicated that 5% of all such injuries were due to rape/other sexual assault. For children seen in emergency rooms for such injuries, that percentage climbs to 29% for children under the age of twelve. The median age for children treated for sexual abuse was four.

According to the RI Uniform Crime Report, 321 rapes were reported to the police in calendar year 2006, for a rate of 30 rapes/100,000 residents. In total, there were 605 incidences of sexual violence reported to the police in 2006.

According to the Department of Children, Youth and Families, there were 344 indicated cases of child abuse in 2006. In addition, in data collected by the Day One Education Department 12% of students stated that they had ever been forced into sexual activity (including touching or physical contact), and 10% stated that they had experienced a sexual assault (2006). In 2006, Day One provided advocacy and support services to more than 12,000 victims of sexual assault.

Strategic Partners: All Rhode Island Hospitals and Police Departments. RI Department of Children Youth & Families, RI Department of Education, RI Department of Health, Division of Community, Family Health & Equity, specifically its Injury Prevention Program.

Evaluation Methodology: Training and information for: 1) medical personnel at all Rhode Island hospitals and emergency rooms, 2) police departments and other law enforcement personnel dealing with victims of sexual assault, and 3) comprehensive training to 50 new Sexual Assault Treatment Resource Center advocates who work directly with victims at hospitals and at police departments will be conducted.

State Program Setting:

Community based organization, Community health center, Medical or clinical site, Rape crisis center, Schools or school district, Senior residence or center, Other: Police Departments

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2010 and 09/2011, By September 30, 2011, reduce rape and attempted rape of persons aged 12 and older to no more than .7 per 1,000 individuals.

Baseline:

321 reported rapes in 2006, with 605 incidences of sexual violence

Data Source:

2006 Rhode Island Uniform Crime Report

State Health Problem:

Health Burden:

According to RI Uniform Crime Report, 321 rapes were reported to the police in calendar year 2006, for a rate of 30 rapes/100,000 residents. In total, there were 605 incidences of sexual violence reported to the police in 2006.

Sexual assault is a pervasive public health problem in the United States, affecting women and men, adults and children. According to the report Rape in America (Crime Victims Research and Treatment Center, 1992), at least 12.1 million adult women have been victims of at least one forcible rape, excluding statutory rape, during their lifetimes.

Current data on the prevalence of sexual assault are incomplete. Sexual assaults often go unreported to the police, and victims may not access treatment for many years, if at all. Estimates on the incidence of sexual assaults must be compiled from a variety of sources. A 1994 survey of violence-related injuries treated in hospital emergency rooms (Report NCJ-156921, BJS, 1997) indicated that 5% of all such injuries were due to rape/other sexual assault. For children seen in emergency rooms for such injuries, that percentage climbs to 29% for children under the age of twelve. The median age for children treated for sexual abuse is four years of age.

Target Population:

Number: 1,046,000

Ethnicity: Hispanic, Non-Hispanic

Race: American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 216,267

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: RI Uniform Crime Report 2006

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$25,671
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$25,671
Funds to Local Entities: \$25,671
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Impact Objective 1:ES4

Between 10/2010 and 09/2011, Day One will provide abuse prevention programs to **600** students, teachers, counselors and parents.

Annual Activities:

1. Activity 1:ES4

Between 10/2010 and 09/2011, **Increase rape awareness**

By September 30, 2011, Day One will deliver abuse prevention programs to middle junior and senior high school students statewide, and provide professional education and training for adults that will:

- * provide information about root causes of sexual violence and sexual violence prevention
- * provide opportunities for participants to develop and practice communication skills
- * present various helpful bystander strategies and offer opportunities for participants to practice skills
- * encourage participants to role model healthy relationships and positive behaviors
- * provide opportunities for presenting separate workshops for males and females
- * provide information about Day One and community resources
- * make crisis intervention services available for program participants who disclose abuse
- * implement capacity building strategies within schools and communities

Essential Service 7 – Link people to services

Objective 1:

Impact Objective 1:ES8

Between 10/2010 and 09/2011, Day One will provide four training sessions in non-school settings about sexual assault and child abuse to **100** adolescents.

Annual Activities:

1. Activity 1:ES8

Between 10/2010 and 09/2011, Day One will offer four trainings to adolescents in non-school settings.

Day One will provide training for medical personnel at all Rhode Island hospitals and emergency rooms.

Day One will conduct training and informational workshops for police departments and other law enforcement personnel dealing with victims of sexual assault.

Day One will provide comprehensive training to 30 new volunteer advocates who will work directly with victims at hospitals and police departments.